FORM D



SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

APR 0 9

RECEIVE

OMB APPROVAL

OMB Number: 3235-0076

Expres: April 30,2008

Estimated average burden

hoursperresponse.....16.00

FORM D

NOTICE OF SALE OF SECURITIES ()
PURSUANT TO REGULATION D
SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

Profix Sedal

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Goree #1 Drilling Program	
Filing Under (Check box(es) that apply):	X nroe
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Tidal Petroleum, Inc.	•
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1208 F.M. 78, Suite I, Schertz, TX 78154	210-945-9878
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Oil and gas development.	PROCESSE
Type of Business Organization	HOUESSEL
★ corporation	APR 1 3 2007
	Mrk 1 3 2007
Month Year Actual or Estimated Date of Incorporation or Organization: [D]4 [S]0] X Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated THOMSON

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation Dor Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be phonocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a tederal notice.

	## (## ## ## ## ## ## ## ## ## ## ## ##	A: BASICIDI	ENTIFICATION DATA	建筑等的	
2. Enter the information r	equested for the fo	lowing:			
 Each promoter of 	the issuer, if the is:	suer has been organized w	ithin the past five years;		ı
 Each beneficial ov 	oner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities of the issuer.
Each executive of	ficer and director o	f corporate issuers and of	corporate general and man	naging partners of	partnership issuers; and
 Each general and s 	managing partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Gauntt, Patrick K.					
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	xdc)	······································	
1208 F.M. 78, Suite I, S	chertz, TX				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Office	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	· · · · · · · · · · · · · · · · · · ·			
Domgard, Michael C.					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
1208 F.M. 78, Suite I, Se	chertz, TX	•	•		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Novikoff, Lee M. Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
1208 F.M. 78, Suite I, So	chertz, TX	•			
Cteck Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			······································	
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Business or Residence Addre	22 (Istring)	since, City, State, 2tp Co	(GC)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			······································	
Business or Residence Addre	ss (Number and)	Street, City, State, Zip Co	dc)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
full Name (Last name first, i	f individual)			<u> </u>	
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	đc)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
full Name (Last name first, i	(individual)	**************************************	The second secon	-	entrementalisen proportion and the second of
Business or Residence Addres	ss (Number and :	Street, City, State, Zip Co	de)		n aranganian makanan salanga Maridan Aranga kapadan Aranganja diakaya salasas akad ak
	(Use blan	ik sheet, or copy and use a	additional copies of this si	oct, as necessary)

			realist (3 B.41	NFORMAT	ION ABOU	T OFFERI	NG (A)	* X 34 1	2 (1997)		
1. Has th	e issuer sole	d ordosei	ha isenari	ntand to se	Il to non a	normal it sail.	nuartner le	this offer	ina?		Yes	No
j. Masuj	C 1320C1 2010	u, or does i			n, to non-a n Appendix				_		X	
2. What i	s the minim	um investr					•				\$_34	838
21 William	a mic aquitti	tum tii Vesti	18011 1100 4	ui oc acc	4rou nom	niy inaira			************	***************************************	Yes	No.
3. Does t	he offering	permitjoir	it own cishi	p of a sing	gle unit?		••••••				X	
	the informat											
	ssion or sim											
or state	es, list the na	ame of the l	proker or d	aler. If me	ore than five	t (5) persor	ns to be list	ed are asso				
	er or dealer,			- informati	on for that	broker or	dealer only	<u>'-</u>				
	(Last name Group Inc		ivioual)									
	Group, Inc Résidence		lumber and	Street, C	ity, State, 2	ip Code)		,	<u> </u>		*********	
1208 F.M.	78, Suite H	l, Schertz,	TX 78154									
Name of A	sociated Br	roker or De	aler									
States in W	hich Person	Listed Ha	s Calicited	or Intende	to Salicit	Durchasere						
	"All States										["] A1	States
	AK					CT	DE					
MT	NE)		KS NH			ME NY		MA ND		MN XX	MS OR	
R		SD				V1)		74	THE		WY	PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (Number an	d Street, C	ity. State.	Zip Code)						
Name of As	sociated Br	oker or De	alor									
States in W	hich Person	Listed Us	a Solicited	or Intende	to Salisit	Drugob a dama						
	"All States										ГΊΑΙ	States
			_	_			*****************		************	***************************************	_	
AL	AK	AZ	AR	CA	CO	CT	DE	DC]	FL	GA		<u>ID</u>
(IC) MT	IN NE	(A) NV	(KS)	KY NJ	LA NM	ME	MD	MA ND	OH	MN	MS	MO DA
RI	SC	SD	HA]		UT	NY VT	NC VA	WA	WV	OK WI	OR WY	PA PR
Full Name (Last name i	first, if ind	ividual)									
Business of	Residence	Address (l	Number an	d Street, C	ity, State, i	Zip Code)			······································	-		
					_							
Name of As	sociated Br	oker or De	alor		-					-		
States in Wi	nich Person	Listed Ha	Solicited	or Intende	to Solicit	Purchaeere		/ - -	 -	 _	<u></u>	
	"All States							* w *************	*******	************	∏ AI	States
	_											
AL	AK IN	AZ IA	AR	CA VV	CO	CT	DE]	DC NA	FL	GA	HI	ID WO
(IL) MT	NE	NV	KS NH	KŸ NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{\mathbf{w}}\overline{\mathbf{v}}$	WI	WY	PR

C. OFFERING PRICE; NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS (1)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		ggregate ering Pric	ė	Ar	nount Already Sold
	Debt	5	0		S	0
	Equity	5	0		\$	0
	Common Preferred				-	
	Convertible Securities (including warrants)	<u></u>	0		\$_	0
	Partnership Interests	<u></u>	0		S	0
	Other (Specify Units of Working Interest	<u> </u>	4,807,713		\$	278,708
	Total	<u> </u>	4,807,713		s	278,708
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	i	Number nvestors			Aggregate ollar Amount of Purchases
	Accredited Investors		4		\$_	243,870
	Non-accredited Investors		1	-	\$_	34,838
	Total (for filings under Rule 504 only)				S _	·
	Answer also in Appendix, Column 4, if filing under ULOE.	_				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	•				
	Type of Offering	S	Type of ecurity		D	oliar Amount Sold
	Rule 505				\$_	
	Regulation A				\$_	
	Rule 504			_	S _	
	Total			_	\$_	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			X	\$	0
	Printing and Engraving Costs.			X	5	5,000
	Legal Fees	•••••	******	X	\$	10,000
	Accounting Fees		*******	X	\$	5,000
	Engineering Fees			X	\$_	0
	Sales Commissions (specify finders' fees separately)			X	\$	625,003
	Other Expenses (identify)Due diligence expenses			X	\$	96,154
	Total			X	5	741,157

3	ne of Signer (Print or Type)	Title of Signer (Print or Type)						
	lai Petroleum, Inc.	Journ		Аргі	2, 2007			
\$51	er (Print or Type)	Sign ature		Date				
ig	e issuer has duly caused this notice to be signed by the nature constitutes on undertaking by the issuer to fur information furnished by the issuer to any non-acc	mish to the U.S. Securities and Excha	ange Commis	sion	, upon writte			
		D FEDERAL SIGNATURE					WALLEY.	
i aeco	Total Payments Listed (column totals added)			-16:00-000		4,066,556		
	Column Totals		'	X \$		X s	0	
	Seismic Costs	· · · · · · · · · · · · · · · · · · ·		X \$	4,016,556	X \$	0	
	Drilling and Completion Costs					_		
	Other (specify): Lease Costs			X \$_	50,000	X \$	0	
	Working capital	***************************************	·····	X) S.	0	X s	0	
	Repayment of indehtedness			X 1\$_	0	X \$	0	
	Acquisition of other businesses (including the va offering that may be used in exchange for the assissuer pursuant to a merger)	ets or securities of another		X \$.	0	⊠\$	0	
	Construction or leasing of plant buildings and fac-	cilities		XIS.	0	X S	0	
	Purchase, rental or leasing and installation of ma					X \$	0	
	Purchase of real estate	*******	••••••••••	X \$.	0	X \$	0	
	Salaries and fees			X \$.	0	X S	0	
	•		r	D	ayments to Officers, frectors, & Miliates	•	ments to	
i.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an of the payments listed must equal the ac	estimate and					
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	- Question 4.a. This difference is the "a	idjusted gross			\$4,0	66,556	

 \mathcal{END}

-ATTENTION --

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)